

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009

COUNTY: ADAMS

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in ADAMS County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 16 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.**

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Day Care Facility  
COUNTY: ADAMS

**Facility Information**

**Facility Name:** NORTH STAR ADULT DAY CARE CENTER (0012208)  
**Address:** 165 NORTH MAIN ST, ADAMS, WI 53910  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/02/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100790    **End Date:** 12/26/2007    **Type:** INITIAL    **Purpose:** OTHER  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Facility Information**

**Facility Name:** EDWARDS FAMILY CARE (0012154)  
**Address:** 171 S WATTS ST PO BOX 1060, ADAMS, WI 539101060  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100792    **End Date:** 12/19/2007    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Facility Information**

**Facility Name:** HOLLYHOME AFH (0009534)  
**Address:** 149 SOUTH LINDEN ST, ADAMS, WI 53910  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/10/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104156    **End Date:** 05/28/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LKH011    Served 06/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS		

**Survey ID:** 0103910    **End Date:** 04/14/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LSDS11    Served 05/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Survey ID: 0098942    End Date: 03/15/2007    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008485    Served 03/30/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	04/14/2009	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Enforcement History (HOLLYHOME AFH)**

**Date: 06/11/2009**      **SOD #LKH011**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 05/01/2009**      **SOD #LSDS11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date: 03/26/2007**      **SOD #10008485**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Complaint History (HOLLYHOME AFH)**

**Date Complaint Received: 05/21/2009**

**Date Investigation Completed: 05/28/2009**

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Facility Information**

**Facility Name:** OENS ADULT FAMILY HOME (0008567)  
**Address:** 171 SOUTH PIERCE ST, ADAMS, WI 53910  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/1999  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0099175      **End Date:** 04/25/2007      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Facility Information**

**Facility Name:** RYKIELS GROUP HOME (0008566)  
**Address:** 801 NORTH STREET PO BOX 21, ADAMS, WI 53910  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/1999  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103993    **End Date:** 04/29/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101865    **End Date:** 05/20/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #42CB11    Served 06/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	04/29/2009	Yes
88.07(2)(b)5	MONITORING HEALTH	04/29/2009	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	04/29/2009	Yes

**Survey ID:** 0099190    **End Date:** 04/25/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Enforcement History (RYKIELS GROUP HOME)**

**Date: 06/10/2008      SOD #42CB11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Complaint History (RYKIELS GROUP HOME)**

**Date Complaint Received: 04/03/2008**

**Date Investigation Completed: 05/20/2008**

Subject Area(s)  
RESIDENT RIGHTS  
RESTRAINTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
42CB11  
42CB11

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Facility Information**

**Facility Name:** CARTER ADULT FAMILY HOME (0008568)  
**Address:** 2584 CTY RD Z, FRIENDSHIP, WI 53934  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/1999  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100107    **End Date:** 08/28/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Facility Information**

**Facility Name:** FOSNOW ADULT FAMILY HOME II (0012079)  
**Address:** 2318 13TH LA, FRIENDSHIP, WI 53934  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/12/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100139    **End Date:** 09/13/2007    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: ADAMS

**Facility Information**

**Facility Name:** FOSNOW ADULT FAMILY HOME (0009971)  
**Address:** 2324 13TH LA, FRIENDSHIP, WI 53934  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/16/2003  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100052    **End Date:** 08/28/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ADAMS

#### Facility Information

**Facility Name:** LIBERTY MANOR INC (110551)

**Address:** 550 W LIBERTY ST, ADAMS, WI 53910

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/30/1996

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0103907    **End Date:** 04/02/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102600    **End Date:** 09/18/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100748    **End Date:** 12/12/2007    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #8SCD11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/02/2009	Yes

**Survey ID:** 0098500    **End Date:** 01/22/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ADAMS

#### Complaint History (LIBERTY MANOR INC)

**Date Complaint Received: 02/27/2009**

**Date Investigation Completed: 04/02/2009**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/29/2008**

**Date Investigation Completed: 09/18/2008**

Subject Area(s)

SUPERVISION  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/15/2007**

**Date Investigation Completed: 12/13/2007**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

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